



DOWNTOWN CHATTANOOGA
910 GEORGIA AVE
CHATTANOOGA, TN 37402-2228
(800) 275-8777

12/08/2021 04:25 PM

Product	Qty	Unit	Price
Prepaid Mail	1		\$0.00

San Francisco, CA 94104
Weight: 0 lb 0.40 oz

Acceptance Date:

Wed 12/08/2021

Tracking #:

7018068000097570583

Grand Total: \$0.00

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7018 0680 0000 0583 9757		U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com			
OFFICIAL U.S. MAIL			
<input type="checkbox"/> Certified Mail Fee		\$	
<input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate)		\$	
<input type="checkbox"/> Return Receipt (Handcopy)		\$	
<input type="checkbox"/> Return Receipt (Electronic)		\$	
<input type="checkbox"/> Certified Mail Restricted Delivery		\$	
<input type="checkbox"/> Adult Signature Required		\$	
<input type="checkbox"/> Adult Signature Restricted Delivery		\$	
Postage		\$	
<input type="checkbox"/> Total Postage and Fees		\$	
<p>sent To <i>Karen Tuckett Services</i> Street and Apartment No. <i>PO Box 60</i> City, State <i>Bethesda MD 20814</i> Date <i>DEC - 8 2021</i> Signature <i>Sam Francisco A 94104</i></p>			
PS Form 3500, April 2015 PSN 7500-02-000-9047. See Reverse for Instructions			

EASTERN DISTRICT OF TENNESSEE

OFFICE OF CLERK

UNITED STATES DISTRICT COURT
900 GEORGIA AVENUE, ROOM 309
CHATTANOOGA, TENNESSEE 37402

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE \$300

Escrow Internet Services
180 Montgomery Street
Suite 650
San Francisco, CA 94104

neobost
12082021
RECORDED
RECORDED
\$07.330
ZIP 37402
041L11218266

7018 0680 0000 9757 0583

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	
\$	
Extra Services & Fees (check box and fee as appropriate)	
<input type="checkbox"/> Return Receipt (Handcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	
\$	
Total Postage and Fees	
\$	

Postmark
Here

Karen Tintner Services
Street and Apt No. of P.O. Box No.
City, State 21544 Montgomey Street District
San Francisco CA 94104
PS Form 3600 April 2015 PSN 750-02-000-9047
See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERYA. Signature
 Agent
 AddresseeB. Received by (Printed Name)
C. Date of Delivery D. Is delivery address different from item 1? Yes
If YES, enter delivery address below:
 No

Escrow Internet Services
180 Montgomery Street
Suite 650
San Francisco, California 94104



9590 9402 2757 6351 1858 02

2. Article Number (Transfer from service label)

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053